

Case Number:	CM13-0053840		
Date Assigned:	12/30/2013	Date of Injury:	06/27/2000
Decision Date:	03/18/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgeon and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 54-year-old female who reported an injury on 06/27/2000. The mechanism of injury involved heavy lifting. The patient is currently diagnosed with a neck sprain, lumbar sprain, and a shoulder sprain. The patient was seen by [REDACTED] on 10/21/2013. The patient reported 7/10 shoulder pain, 5/10 neck pain, and 2/10 low back pain. Physical examination revealed tenderness to palpation with decreased range of motion of the cervical spine, positive Spurling's maneuver, decreased sensation in the C6 dermatome, 5/5 motor strength, decreased lumbar spine range of motion, and decreased range of motion of the left shoulder with positive impingement sign. Treatment recommendations included an MRI of the cervical spine and a consultation with a shoulder specialist.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI OF Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 118-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation In. Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 177-179

Decision rationale: California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding the next steps, including the selection of an imaging test to define a potential cause including MRI for neural or other soft tissue abnormality. As per the documentation submitted, the patient's injury was greater than 13 years ago to date. The patient continues to report neck pain, shoulder pain, and low back pain. Previous imaging studies are not provided for review. There is also no documentation of a recent failure to respond to conservative treatment prior to the request for an additional MRI. There is no documentation of a significant change in the patient's symptoms or physical examination findings. The medical necessity for the requested procedure has not been established. As such, the request is non-certified.

Consult with a shoulder specialist for Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Consultation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation In. Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the patient's physical examination of the left shoulder only revealed decreased range of motion with positive impingement testing. Documentation of exhaustion of previous conservative treatment was not provided. Medical necessity for the requested consultation has not been established. Therefore, the request is non-certified.